

<b>CLAIMS ONLY</b>							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	\	1		1		51				
2	\	1		1		52				
3		1		1		53				
4	\	1		1		54				
5	1	1		1		55				
6	1	1		1		56				
7	1	1		1		57				
8	1	1		1		58				
9	1	1		1		59				
10	4	4		4		60				
11	4	4		4		61				
12	4	4		4		62				
13	4	4		4		63				
14	1	1		1		64				
15	1	1		1		65				
16	1	1		1		66				
17	\	\		\		67				
18	\	\		\		68				
19	1	1		1		69				
20	1	1		1		70				
21	1	1		1		71				
22	1	1		1		72				
23	1	1		1		73				
24	1	1		1		74				
25	1	1		1		75				
26	1	1		1		76				
27	1	1		1		77				
28	1	1		1		78				
29	1	1		1		79				
30	1	1		1		80				
31	1	1		1		81				
32	1	1		1		82				
33	2	2		2		83				
34	2	2		2		84				
35	1	1		1		85				
36	①	①		①		86				
37	①	4		4		87				
38	①	6		6		88				
39	①	6		6		89				
40	①	6		6		90				
41	①	6		6		91				
42	①	6		6		92				
43	1	1		1		93				
44	1	1		1		94				
45	1	1		1		95				
46	1	1		1		96				
47	1	1		1		97				
48	1	1		1		98				
49	1	1		1		99				
50				6		100				
TOTAL IND.	10		13		13					
TOTAL DEP.	53		78		84					
TOTAL CLAIMS	63		91		97					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4	1		1			
5	1		1			
6		1		1		
7		1		1		
8	1		1			
9	1		1			
10	⑧		4			
11	①		4			
12	①		4			
13	①		4			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26	1		1			
27	1	1	1			
28	1		1			
29	1	1	1			
30	1	1	1			
31	1		1			
32	2		1			
33	2		2			
34	1		2			
35	⑧		1			
36	①		2			
37	①		4			
38	①		6			
39	⑧		6			
40	⑧		6			
41	1		6			
42	1		6			
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50						
TOTAL IND.	11		13			
TOTAL DEP.	40	40	78	78		
TOTAL CLAIMS	51		91			

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51				
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98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				